|   |                  |   |                                       |                                    |                     |                   |               | Application or Docket Number                     |             |                |                        |
|---|------------------|---|---------------------------------------|------------------------------------|---------------------|-------------------|---------------|--|-------------|----------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003   |                  |   |                                       |                                    |                     |                   | RD            | (0   | 76          | 531            | 5                      |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                  |   |                                       |                                    |                     |                   | SMALL<br>TYPE | ENTITY   | OR          |                | R THAN<br>ENTITY       |
| TOTAL CLAIMS  |                  |   | 77                                    |                                    |                     |                   | RATI          | E   FEE  |             | RATE           | FEE                    |
| FOR .   |                  |   | NUMBER FILED NUM                      |                                    |                     | BER EXTRA         | BASIC         |  | <del></del> | BASIC FEE      | <del> </del>           |
| TOTAL CHARGEABLE CLAIMS   |                  |   | minus 20= *                           |                                    |                     | 9)                | XS 9          | = 540  |             |                |                        |
| INDEPENDENT CLAIMS  |                  |   | minus 3 = * 7                         |                                    |                     |                   | X43=          | 1  | <u> </u>    | Y00            | -                      |
| MULTIPLE DEPENDENT CLAIM P  |                  |   | RESENT                                |                                    |                     |                   |               |  | OR          | ·              |                        |
| <u></u> + If  | the difference   | e in column 1 is                          | less than zero, enter "0" in column 2 |                                    |                     |                   | +145          | 1113   | OR          | L              |                        |
| -   |                  | •   |                                       |                                    |                     |                   |               | r Me   | OR          | TOTAL          |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |                  |   |                                       |                                    |                     |                   | SMAL          | L ENTITY   | OR          | OTHER<br>SMALL |                        |
| ENT A   |                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | EST<br>BER<br>JUSLY | PRESENT<br>EXTRA  | RATE          | ADDI-<br>TIONA<br>FEE                            |             | RATE           | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total            | *   | Minus                                 | **                                 |                     | =                 | XS 9=         |  | OR          | X\$18=         |                        |
| ME  | Independent      | *   | Minus                                 | ***                                |                     | =                 | X43=          |  | OR          | X86=           |                        |
| 4   | FIRST PRESE      | ENTATION OF MU                            | JLTIPLE DEF                           | PENDENT                            | CLAIM               |                   | <u> </u>      |  |             |                |                        |
|   |                  | ·   |                                       |                                    |                     | ·                 | +145=         |  | OR          | +290=<br>TOTAL |                        |
|   |                  | (Ontemp 4)                                |                                       | ,<br>,                             | <b>~</b> \          |                   | ADDIT. F      |  | OR          | ADDIT. FEE     |                        |
|   |                  | (Column 1)<br>CLAIMS                      |                                       | (Colum<br>HIĞHE                    |                     | (Column 3)        |               | T ADDI   | <b>-</b>    | <del></del>    |                        |
| DMENT B   |                  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVIOU<br>PAID F                  | USLY                | PRESENT<br>EXTRA  | RATE          | ADDI-<br>TIONAI<br>FEE                           |             | RATE           | ADDI-<br>TIONAL<br>FEE |
| NON   | Total            | *   | Minus                                 | **                                 |                     | =                 | X\$ 9=        |  | OR          | X\$18=         |                        |
| <i>=</i>  | Independent      | *   | Minus                                 | ***                                |                     | =                 | X43=          | 1  | OR          | X86=           |                        |
|   | FIRST PRESE      | NTATION OF MU                             | ILTIPLE DEP                           | 'ENDENT (                          | CLAIM               |                   | +145=         | <del>                                     </del> | 7           | +290=          |                        |
| TOTAL   |                  |   |                                       |                                    |                     |                   |               |  | OR          | +290=<br>TOTAL |                        |
|   |                  |   |                                       |                                    |                     |                   | ADDIT. FE     |  | JOR ,       | ADDIT. FEE     |                        |
|   | <b>\</b>         | (Column 1) CLAIMS                         |                                       | (Columi<br>HIGHE:                  | ST                  | (Column 3)        | ·             | 1.00   | ן ר         |                |                        |
| MENT C  |                  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVIOU<br>PAID FO                 | JSLY                | PRESENT<br>EXTRA  | RATE          | ADDI-<br>TIONAL<br>FEE                           | .           | RATE           | ADDI-<br>TIONAL<br>FEE |
| MEN   | Total            | *   | Minus                                 | **                                 |                     | = .               | X\$ 9=        |  | OR          | X\$18=         |                        |
|   | Independent      | L1  | Minus                                 | ***                                |                     | = '               | X43=          |  | 1           | X86=           |                        |
| $\perp$   | FIRST PRESEI     | NTATION OF MU                             | LTIPLE DEP                            | ENDENT (                           | CLAIM               |                   |               | +  | OR          |                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                  |   |                                       |                                    |                     |                   |               |  |             | +290=          |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE |                  |   |                                       |                                    |                     |                   |               |  |             |                |                        |
| - T   | he "Highest Num! | ber Previously Paid                       | For (Total or                         | Independen                         | it) is the i        | highest number fo | ound in the a | ppropriate be                                    | ox in colu  | umn 1.         |                        |